

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS436AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2008
NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/10/08 and 9/11/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for five elderly and disabled, Category I residents, and/ or persons with mental illnesses. The census at the time of the survey was six. Five resident files were reviewed and four employee files were reviewed. The facility was found to be over census. No discharged resident files were available to be reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility failed to ensure that 1 of 4 caregivers recieved eight hours of training annually. Findings include: Employee #3 - Hire date 3/3/99. The employee's file did not contain evidence of eight hours of training for 2007.	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1	Y 070		
Y 087 SS=F	<p>Severity: 2 Scope: 1</p> <p>449.199(3) Limitation on Number of Residents</p> <p>NAC 449.199</p> <p>3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review and interview of residents and caregivers on 9/10/08, the facility was found to be over the maximum number of residents authorized to reside at the facility.</p> <p>Findings included:</p> <p>During the initial facility tour at 8:15 AM, six residents were observed residing in the facility. The current bureau license posted indicated that the facility was authorized to care for five residents.</p> <p>Resident #6 - The resident's date of admission was not clear by interview with the caregiver or the resident. The resident stated he could not recall the exact date of admission, but he had been at the facility a few days. He stated the caregivers administered his medications to him for paranoid schizophrenia and that he ate with the other residents and slept in the facility. The facility administrator admitted that he had been in the facility for four to five days.</p>	Y 087		

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Y 087	Continued From page 2 Record review revealed that there was no admission agreement, no record of screening for tuberculosis, no medication administration record, no assessment of the resident's abilities for activities of daily living, and no history and physical or physician's statement. Severity: 2 Scope: 3	Y 087		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis	Y 103		

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Y 103	<p>Continued From page 3</p> <p>infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a</p>	Y 103			

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Y 103	<p>Continued From page 4</p> <p>positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review on 9/10/08, the facility did not ensure that 2 of 4 employees had the required tuberculosis (TB) documentation.</p> <p>Findings include:</p> <p>Employee # 1 - Date of hire 8/11/08. The employee's file contained a negative chest x-ray report dated 1/10/07. The file did not contain evidence in the form of a positive skin test or a physician statement that the resident had tested positive for TB.</p> <p>Employee #4 - Date of hire 8/9/95. The</p>	Y 103		

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Y 103	Continued From page 5 employee's file contained proof the employee tested positive for TB on 8/28/95 and a negative chest x-ray report dated 8/30/95. The file did not contain a TB symptom surveillance form or a copy of a negative chest x-ray report required for those who test positive for TB in 2007 and 2008. Severity: 2 Scope: 3	Y 103			
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every five years. Based on record review on 9/10/08, the facility did not ensure that 2 of 4 employees had met the background check requirements for criminal history.	Y 105			

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Y 105	Continued From page 6 Findings include: Employee #3 - Hire date was 3/3/99. The employee file contained a negative background check report dated 2/20/02. There was no evidence in the employee file regarding an updated background check report. Employee #4 - Hire date was 8/9/95. The employee file contained a negative background check report dated 1/28/02. There was no evidence in the employee file regarding an updated background check report. Severity: 1 Scope: 3	Y 105		
Y 151 SS=C	449.204(1)(b) Insurance NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. This Regulation is not met as evidenced by: Based on interview on 9/10/08, the facility failed to maintain a contract of insurance for the facility. Findings include: Interview with Employee #1 revealed he did not know where the facility's current insurance policy was located. Severity: 1 Scope: 3	Y 151		

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Y 444 SS=L	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review and testing on 9/10/08 and 9/11/08, the facility did not ensure smoke detectors were tested 3 out of the past 12 months and that 4 of 6 smoke detectors functioned.</p> <p>Findings include:</p> <p>On 9/10/08, review of the smoke detector testing log revealed that facility smoke detectors were not checked during the months of October, November and December of 2007. The facility did not have a fire sprinkler system or a central fire alarm system so their only early warning fire system was their battery operated smoke detectors.</p> <p>Residents and caregivers were observed smoking outside the building.</p> <p>Testing of the six smoke detectors at 10:00 AM revealed that four out of the six smoke detectors in the facility did not function. The owner was contacted at 12:15 PM and informed that the non-functioning smoke-detectors must be repaired or replaced immediately.</p> <p>Upon a return visit at 4:00 PM on same day, the administrator was not in the facility and the</p>	Y 444		

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Y 444	Continued From page 8 smoke detectors were re-tested. Three of the four non-functioning smoke detectors still did not function. The administrator was contacted again at 4:15 PM and informed again that the non-functioning smoke-detectors must be repaired or replaced immediately. A third visit was conducted on 9/11/08 at 12:15 PM to verify that all smoke detectors were repaired or replaced and were functioning. Severity: 4 Scope: 3	Y 444		
Y 471 SS=F	449.232(2) List of Telephone Numbers NAC 449.232 2. A list of telephone numbers to be called in case of an emergency for each resident must be located near the telephone. The list must include the telephone number of the resident's physician and the telephone number of a friend of the resident or one of the members of the resident's family. This Regulation is not met as evidenced by: Based on observation on 9/10/08, the facility failed to have an emergency contact phone number for the administrator in case of emergency. Findings include: Problems involving multiplpe non-functioning	Y 471		

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Y 471	Continued From page 9 smoke detectors were identified during the survey. Employee #1 was asked to contact the administrator/owner of the facility at 10:00 AM. Employee #1 tried to contact the administrator/owner but could not contact her. Employee #1 continued to try to reach the administrator/owner during the survey. The administrator/owner was finally contacted as the surveyors were exiting the facility at 12:15 PM. Severity: 2 Scope: 3	Y 471			
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility did not obtain the results of an initial or an annual physical examination of a resident by their physician for 5 of 6 residents residing in the facility. Findings include: Resident #1 - Date of admission was 4/28/08.	Y 859			

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Y 859	Continued From page 10 The residents's file did not contain the results of an initial physical examination of the resident by a physician prior to admission. Resident #2 - Date of admission was 7/2/08. The residents's file did not contain the results of an initial physical examination of the resident by a physician prior to admission. Resident #3 - Date of admission was 2/1/98. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2005, 2006, 2007, and 2008. Resident #4 - Date of admission was 5/18/08. The residents's file contained the results of an physical examination of the resident dated 6/11/03, five years prior to the date of admission. This physical would not accurately reflect the health of the resident at the time of admission. Resident #6 - Date of admission was unknown. The residents's file did not contain the results of a physical examination of the resident by a physician prior to admission. Severity: 2 Scope: 3	Y 859		
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and	Y 870		

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Y 870	Continued From page 11 appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 6 residents residing in the facility for longer than six months. Findings include: Resident #3 - Date of admission was 2/1/98. The last medication profile review available in the record was dated 6/25/07. This is a repeat deficiency from the annual State Licensure survey completed on 10/01/07. Severity: 1 Scope: 2	Y 870		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876		

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Y 876	Continued From page 12 This Regulation is not met as evidenced by: Based on record review and interview on 9/10/08, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 3 of 6 residents. Findings include: Resident #1 - The resident's file did not contain a signed ultimate user agreement authorizing the facility to administer medications to the resident. Resident #3 - The resident's file contained a signed ultimate user agreement authorizing another facility to retain and administer the resident medications. A caregiver reported the facility administered the resident's medication. Resident #6 - The resident's file did not contain a signed ultimate user agreement authorizing the facility to administer medications to the resident. Severity: 1 Scope: 3	Y 876		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall:	Y 878		

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Y 878	<p>Continued From page 13</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review, and interview on 9/10/08, the facility did not ensure that medications were administered to 1 of 6 residents as prescribed.</p> <p>Findings include:</p> <p>Resident #1 - During the initial tour, the resident approached the surveyor reporting that she had not received her "Valium" for four days. She was observed pacing throughout the facility and talking to everyone about her Valium. She was overheard calling her case manager several times to see if someone could deliver her medication. She did not sit down for more than three to four minutes for the entire time of the survey.</p> <p>Review of the August and September 2008 medication administration records (MAR) indicated the resident received Clonazepam 1 milligram (mg) twice a day from 8/5/08 to 9/10/08. The prescription bottle of Clonazepam was filled on 8/5/08 for 60 pills and was empty. Calculation for 60 pills to be given twice a day from 8/5/08 would indicate that the last pill would have been administered on 9/6/08.</p> <p>On the next day (9/11/08) at 12:15 PM, Resident #1 stated that she finally got her medication and was feeling much better.</p> <p>Severity: 3 Scope: 1</p>	Y 878			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS436AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2008
NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility did not ensure that 2 of 6 residents had received the required tuberculosis (TB) skin testing.</p> <p>Findings include:</p> <p>Resident #5 - Date of admission 7/16/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 5/16/08. The file did not contain evidence the resident completed the second step. The resident needs another one-step TB skin test. The additional one-step TB skin test would be combined with the 5/16/08 skin test and qualify for a two-step.</p> <p>Resident #6- Date of admission was unknown. There was no record of any screening for tuberculosis located in the facility for this resident.</p> <p>This is a repeat deficiency from the annual State Licensure survey completed on 10/1/07.</p>	Y 936		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS436AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2008
NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936	Continued From page 15 Severity: 2 Scope: 3	Y 936		
Y 944 SS=A	<p>449.2749(2) Resident File / Discharge</p> <p>NAC 449.2749</p> <p>2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 9/10/08, the facility did not provide proper documentation regarding a resident who had been discharged.</p> <p>Findings include:</p> <p>There was no record of the last resident to be discharged in the facility. Employee #1 could not even recall the name of the last resident discharged.</p> <p>Severity: 1 Scope: 1</p>	Y 944		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.